

Indiana | State  
**MUSEUM**

## Internship Application

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### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Day (for initial contact) Evening e-mail

Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
month / day / year

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### EDUCATION

High School 1 2 3 4 School: \_\_\_\_\_ Major: \_\_\_\_\_  
College 1 2 3 4 School: \_\_\_\_\_ Major: \_\_\_\_\_  
Graduate School 1 2 3 4 School: \_\_\_\_\_ Major: \_\_\_\_\_  
(Circle last year completed)

Other special courses: \_\_\_\_\_

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### INTEREST AND AVAILABILITY

Please specify internship program: ☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ Other

Will you have a minimum number of hours to complete? ☐ Yes ☐ No How many? \_\_\_\_\_

Please indicate days and times you will be available:

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							Not open
Afternoon							

Please indicate the area(s) in which you are interested in completing an internship:

Administration:

\_\_\_\_\_ Finance  
\_\_\_\_\_ Human Resources  
\_\_\_\_\_ Information Systems  
\_\_\_\_\_ Facility Management  
\_\_\_\_\_ Historic Sites

Programs:

\_\_\_\_\_ Education  
\_\_\_\_\_ Interpretation  
\_\_\_\_\_ Collections  
\_\_\_\_\_ Exhibit Production  
\_\_\_\_\_ Conservation  
\_\_\_\_\_ Natural History  
\_\_\_\_\_ Cultural History

Operations & Guest Services:

\_\_\_\_\_ Volunteer Coordination  
\_\_\_\_\_ Facility Rental & Events  
\_\_\_\_\_ Operations/Guest Services

Institutional Advancement:

\_\_\_\_\_ Development  
\_\_\_\_\_ Marketing  
\_\_\_\_\_ Communications

\_\_\_\_\_ Security  
\_\_\_\_\_ Retail Management

\_\_\_\_\_ Memberships/Fund Raising

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## MISCELLANEOUS INFORMATION

Do you have previous museum experience? ☐ Yes ☐ No

If yes, please list dates, museums and responsibilities:

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Do you have computer knowledge and skills? ☐ Yes ☐ No

If yes, please describe:

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References:

Name	Relationship	Day Phone	Evening Phone
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Do you know any Indiana State Museum employees or volunteers?

☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PLEASE SEND COMPLETED APPLICATIONS TO:

**Director of Volunteer Services, Indiana State Museum, 650 W. Washington Street,  
Indianapolis, IN 46204 or FAX to (317) 232-7090  
Questions: Call (317) 232-8351**

For Office Use Only		
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Date received:	Interview date:	Training date:
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